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State of South Dakota
Statement of Financial Interest
Candidate for Public Office

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

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1. Name SCOTT MUNSTERMAN
2. Address 1133 W 8th St South Brookings SD 57006
3. Office Sought Representative Dist 7
4. What is your occupation/profession? Chiropractic Physician

5. List any enterprise which accounted for more than ten percent of, or contributed more than $2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

Best Practices Academy (BPA)
Northwestern Health Sciences University (NWHSU)
Chiropractic Associates of SD (CASD)

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

BPA – Ownership (Scott)
NWHSU – employee, Chief of Care Delivery
CASD – Ownership (Scott)

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

Best Practices Academy

Chiropractic Assoc. of SD

What is the nature of your immediate family's association with each?

Scott has ownership interest in BPA

Scott has ownership interest in CASD

State of South Dakota)
) SS.
County of _____)

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) _____

Sworn to before me this 29 day of March, 2014.

(Seal)
ASHLEY MUNSTERMAN
NOTARY PUBLIC SOUTH DAKOTA

_____
Officer Administering Oath

My commission expires: 12-17-15